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Country programme recommendation**

Nepal

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Nepal for the period 2002 to 2006 in the amount of $21,606,000 from regular resources, subject to availability of funds, and $51,394,000 from other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2001/P/L.73).

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Contents

	Page
The situation of children and women	3
Programme cooperation, 1997-2001	3
Recommended programme cooperation, 2002-2006	5

List of tables

1.	Basic statistics on children and women[1]	15
2.	Expenditure under previous cooperation period, 1997-2001	17
3.	Planned yearly expenditures	18
4.	Linkage of programme budget and staffing/staff costs	19

[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.39). Findings presented in Nepal's end-decade report on progress in achieving the goals of the World Summit for Children further confirm this analysis.

Programme cooperation, 1997-2001

2. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women constituted the foundations of the 1997-2001 country programme of cooperation (E/ICEF/1996/P/L.32/Add.1). It focused on implementation of the National Programme of Action (NPA) for Children and Development in order to realize the goals of the World Summit for Children.

3. The decentralized planning for the child programme (DPCP) served as the centrepiece of the country programme, providing a framework for decentralized action for the rights of children and women and pursuing the goals of the two Conventions within the context of Nepal's Local Self-governance Act (LSGA). DPCP began in seven districts and gradually expanded to 150, working in conjunction with programmes supported by the United Nations Development Programme (UNDP) and the Netherlands Development Organization, which focus on strengthening local governance and enhancing economic opportunities for families and communities. UNICEF support focused on social sector aspects such as young child feeding and care, health, hygiene and sanitation. As a result, protein-energy malnutrition has been reduced by about one third in communities covered by DPCP. UNICEF support in seven districts to formulate their periodic development plans was an essential step in the devolution of financial authority envisaged in the LSGA. UNICEF support to the Government's Production Credit for Rural Women (PCRW) programme, originally covering 38 districts, was also integrated progressively into DPCP to achieve greater focus and synergy. PCRW pioneered the notion of federating women's saving and credit groups into larger entities able to influence local planning processes and achieve greater autonomy.

4. UNICEF cooperation provided leadership in the control of micronutrient deficiencies. Over 90 per cent of households now consume iodized salt, although in only 63 per cent was the iodine content adequate. The national vitamin A programme, supported jointly by UNICEF and the United States Agency for International Development (USAID), is expected to expand from 72 to all 75 districts in 2001, with coverage of the twice-yearly supplementation of children exceeding 90 per cent. Regular deworming of children has been added to the programme in 50 districts. Systematic iron supplementation for pregnant women is being introduced as part of community-based safe motherhood activities.

5. UNICEF contributed to the development of the Second Long-term Health Plan, in collaboration with the World Bank, the World Health Organization (WHO), German Technical Cooperation (GTZ), the United Kingdom Department for International Development (DfID) and USAID. UNICEF supported Government efforts to maintain immunization rates at universal child immunization levels.

Coverage of polio immunization through National Immunization Days reached 92 per cent, and the country is on track to achieve polio eradication by 2005. The treatment of diarrhoeal diseases and acute respiratory infections has been enhanced through the training and equipping of female community health volunteers (CHVs) in 14 districts, in collaboration with USAID and WHO. In association with the DfID-supported safer motherhood project, UNICEF assisted in the governmental review of maternity care policy and strategies, and the upgrading of emergency obstetric care facilities has been initiated in four districts. Self-financing community drug schemes are operational in three districts.

6. UNICEF assistance has also been instrumental in raising the policy profile of hygiene and sanitation through the preparation of a five-year national action plan for sanitation. A multi-year, nationwide sanitation campaign and a school sanitation and hygiene education initiative have been launched in eight pilot districts. For water supply, UNICEF assisted the Government to develop a national policy on water quality and to assess the magnitude and effects of arsenic contamination.

7. UNICEF cooperation has been influential in developing the Second Basic and Primary Education Programme (BPEP 2), a sector-wide approach supported by the World Bank, the Governments of Denmark, Finland and Norway, the European Union and UNICEF. Strategies such as the "whole school approach" to teacher training, non-formal education for out-of-school youth, community-based child development centres and parenting orientation were piloted with UNICEF assistance and then adopted for more generalized implementation in BPEP 2. In child protection, UNICEF has collaborated with the International Labour Organization (ILO), GTZ and the World Bank in helping to develop a national plan of action for the elimination of child labour, and with a United Nations inter-agency task force on a national plan of action to combat trafficking of women and girls.

8. In communication and advocacy, UNICEF has supported media outreach at the national level on issues related to children and women, and programming by and for children with the tele-serial "Chetana" and "Bal awaj" (children's voices) on Radio Nepal. The Meena Communication Initiative, promoting the rights of girls, has been taken through non-governmental organizations (NGOs) to communities in 40 districts. UNICEF also supported community groups to develop such locally appropriate media as wall newspapers produced by child clubs, and audio towers run by women's groups. UNICEF has collaborated with the Save the Children Alliance in helping the Government develop its periodic report to the Committee on the Rights of Child through a participatory process, and has worked with UNDP, the United Nations Development Fund for Women and the United Nations Population Fund (UNFPA) to build gender aspects into the 2001 population census. UNICEF also supported the Central Bureau of Statistics to carry out periodic surveys on the situation of children, including an assessment of progress towards the World Summit for Children and NPA goals.

Lessons learned from past cooperation

9. The lessons learned remain essentially the same as described in the country note. The new country programme will build on the positive experiences of DPCP, which demonstrated the potential of strategies based on communities' own assessment, analysis and action planning, in conjunction with sector support converging at district and community levels.

Recommended programme cooperation, 2002-2006

Regular resources: $21,606,000

Other resources: $51,394,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Decentralized action for children and women	10 356	25 144	35 500
Nutrition and care	1 300	5 000	6 300
Health	2 000	7 750	9 750
Child and women's environment	1 300	3 920	5 220
Education and child protection	1 400	5 850	7 250
Communication, advocacy and participation	1 000	2 980	3 980
Cross-sectoral costs	4 250	750	5 000
Total	**21 606**	**51 394**	**73 000**

[a] The breakdown of estimated yearly expenditures is given in table 3.

Country programme preparation process

10. The National Planning Commission (NPC) coordinated the preparation of the proposed 2002-2006 country programme. The process began with the preparation of the Common Country Assessment and the United Nations Development Assistance Framework (UNDAF), which was developed in collaboration with the Government and other development partners and through decentralized consultations with the people of Nepal.

11. The preparation of individual programme plans of operations was coordinated by the concerned government ministries, in collaboration with other development partners. The Ministry of Local Development led a series of decentralized consultations on the content of the proposed country programme which will, in turn, result in the development of medium-term plans for UNICEF cooperation in each of the selected focus districts. Coherence has been assured through a multisectoral steering committee chaired by the NPC.

Country programme goal and objectives

12. The proposed country programme operates within the framework of the Ninth National Development Plan (1997-2002), whose goal is to reduce poverty by 50 per cent by 2015, and its continuation in the Tenth Plan (2002-2007), and of UNDAF. The country programme goal is to contribute to the reduction of human poverty, defined as deprivations in the basic dimensions of human life, such as health, education, food, shelter and social inclusion.

13. The overall objective of the country programme is to realize progressively the rights of children and women, primarily in the following areas: (a) improved care for children, such as feeding, hygiene, immunization, home health care, psychosocial stimulation, and protection from exploitation, abuse and violence; (b) improved care for women, such as food intake during pregnancy and lactation, workload reduction, health-seeking, enhanced autonomy and decision-making in the family; (c) improved environmental sanitation and adequate safe water; (d) increased access to quality basic education, particularly for girls and disadvantaged groups; and (e) improved health services, including the Integrated Management of Childhood Illness (IMCI) and emergency obstetric care. The country programme will aim to achieve improvements in the focus districts for the above areas, and subsequently by exploring ways of going to scale.

Relation to national and international priorities

14. The UNICEF programme of cooperation supports the Government's ongoing effort to decentralize governance and foster popular participation in development. The reduction of disparities and inequalities based on gender, caste, ethnicity and location is a core component of the Government's poverty reduction strategy. It also follows the rights-based approach of UNDAF in reducing discrimination, enhancing meaningful participation, and developing the accountability of the State and other duty bearers to respect, protect and fulfil the rights of children and women.

15. The programme addresses the priorities enunciated in the draft outcome document for the United Nations General Assembly Special Session on Children in 2001 entitled "A world fit for children" and the UNICEF medium-term strategic plan (MTSP) in ways that are appropriate to the particular context of Nepal and with the strategies that are considered appropriate to show results in those areas. The MTSP priorities are incorporated in the different components of the country programme and will be monitored for results.

Programme strategy

16. The country programme strategy remains essentially the same as described in the country note. Decentralized action will be implemented through a single programme, with four geographically focused projects and a project to strengthen national-level policy and support to decentralization. National sector support consists of five programmes: nutrition and care; health; child and women's environment; education and child protection; and communication, advocacy and participation. Cross-sectoral costs will provide support to all six programmes.

17. Achievement of the goals of the country programme depends on the synergy between decentralized action and national sector support programmes. While the programme will be implemented primarily through decentralized action, national sector support programmes will provide crucial support towards furthering decentralization and convergent programming in the form of technical oversight, advocacy for policy reform, capacity-building of counterparts and communication support. Improved care practices at the household level will depend equally on effective community action processes, enhanced service delivery and communication support.

18. **Decentralized action for children and women (DACAW)**. DACAW will focus on four result areas: strengthening community action processes; developing responsive local services; strengthening local governance; and strengthening the policy on and support to decentralization. The programme will progressively cover 20-25 districts across all regions and ecological zones, thus providing examples for decentralized action in the different socio-ecological conditions found in Nepal. Consistent with the development strategies of the Government and UNDAF, priority will be given to the mid- and far-western regions, which constitute the poorest parts of the country and are most affected by insurgency. Actual coverage of districts will be determined based on financial and human capacity and experience gained. The programme will commence in 18 districts in 2002. The programme will be implemented in close collaboration with UNDP, the World Food Programme and other development organizations supporting decentralization efforts in Nepal.

19. Community action processes are important to ensure that children and women's problems are internalized by the people themselves, a prerequisite for identifying locally appropriate solutions. Change agents employed by local government agencies, women's federations, small farmers' groups and local NGOs will facilitate community organizations to carry out their assessments of the situation of children and women, analyse the causes and plan appropriate actions using their own and external resources. Special care will be taken to ensure the participation of the most vulnerable and disadvantaged in these processes. The experience gained in PCRW with regard to the federation of women's groups will be mainstreamed across the whole programme in order to give communities a voice in decision-making and the management of services. For community action processes, the programme will ultimately cover about one third of the village development committees (VDCs) in the districts, along with selected poorer wards of municipalities.

20. Communities will be linked with local service providers, such as health workers, teachers, water and sanitation technicians, and local NGOs, to promote greater responsiveness. The programme will also help to build the overall capacity of these services, including the development of human resources, to improve their efficiency, effectiveness and inclusiveness. This will be achieved through improved planning and coordination of sectoral inputs at the district level, community management of services, and enhancing the quality of services with technical support from national sector support programmes. Fostering partnerships between government agencies and NGOs will also be crucial to maximize the utilization of basic social services by children and women in DACAW districts. The programme will aim to improve the delivery of services, such as immunization and vitamin A supplementation, on a whole district basis. Others will be addressed in conjunction with community action processes.

21. At district, municipal and VDC levels, DACAW will support capacity-building of local government, line agencies of central ministries and district NGO coordination committees. Birth registration systems will be strengthened as a priority. UNICEF will continue to support the formulation of periodic district development plans, handing over leadership of these exercises to other donor agencies. Within each district, UNICEF assistance will be regulated by a district plan of operations to take into account the particular situation of the district and activities supported by other development partners. Management information systems will be developed, drawing their data from community monitoring boards, baseline and periodic multiple indicator cluster surveys (MICS), sectoral information systems, and knowledge, attitudes and practice surveys. At the national level, UNICEF will continue to support the Ministry of Local Development and NPC in policy development and decentralization, including advocacy with other sectoral ministries to bring their policies and practices in line with LSGA. Monitoring and information systems will be strengthened, particularly to capture lessons learned from decentralized action, so as to enhance the effectiveness of advocacy for policy reform.

22. The Ministry of Local Development will be responsible for overall programme coordination, in collaboration with NPC. The Association of District Development Committees of Nepal, Municipalities Association of Nepal and the National Association of Village Development Committees in Nepal will also participate in national programme management and assist in capacity-building of local bodies. The regional directorates of the Ministry of Local Development and NPC will be strengthened to provide coordination and monitoring at that level. Within each district, programme management will be coordinated by the District Development Committee (DDC), the elected local government body. Similar coordination mechanisms will be established at municipality and VDC levels. Within UNICEF, four field offices will manage cooperation at subnational levels. The country office will be responsible for the project on national policy development and support on decentralization.

23. **Nutrition and care**. This programme is intended to facilitate improved care for young children and women within families and communities through support to DACAW. It will also continue the ongoing commitments of UNICEF to the control of micronutrient deficiencies. In care for growth of children and women, the programme will advocate for a more holistic approach to address malnutrition and decentralization, and the extension of services to communities. This will be achieved through capacity-building of planners, policy makers and other decision makers and through efforts to improve coordination among development partners. This programme will also support the DACAW programme to facilitate improved caring practices for young children and pregnant and lactating women through community action processes. This will be achieved by providing technical inputs for capacity-building, use of nutritional data, and assessment tools for weighing and caring.

24. To improve the psychosocial care of young children, the programme will collaborate with the Save the Children Alliance and others to support the development of new and amended policies informed by the latest scientific findings in this area. It will assist in national capacity-building, and generating interest and understanding in the area of the psychosocial development of the young child. This will include advocacy and coordination to create ownership of comprehensive early

childhood development (ECD) among all relevant ministries and to establish support networks. Advocacy will also cover the inclusion of ECD in national plans and increased investment in ECD. The programme will also support decentralized action to improve the psychosocial care for young children in both the home and child-care centres through the provision of information, education and communication (IEC) materials; the acquisition and incorporation of the latest scientific developments for use at the implementation level; human resources development; and operational research and studies.

25. On a nationwide basis, the programme will continue to address three specific micronutrient deficiencies — vitamin A, iron and iodine. Successful efforts to establish vitamin A supplementation of children aged 6-59 months will continue for full countrywide coverage. This will entail support to the training of key actors at district, health facility and community levels, as well as ongoing support to the female CHVs and IEC development. To accelerate iron supplementation, the programme will aim primarily to raise awareness on the dangers of anaemia. Support will also be provided to further decentralize the distribution of iron supplements out of health facilities. Complementing this, the integration of deworming into the national vitamin A programme will be expanded to the whole country. Support to universal salt iodization will focus on IEC and monitoring. Efforts will also be made to ensure adequate iodine intake among populations living in mountainous areas with limited access to iodized salt.

26. The programme will be managed and coordinated by the National Nutrition Council (NNC), convened by NPC and with representation from relevant sectoral ministries. For a more holistic approach to the development of young children and women, NNC will widen its areas of responsibility to include psychosocial development.

27. **Health**. The health programme aims to improve access to and the utilization of selected health services. On a nationwide basis, the programme will continue to support routine immunization, with the aim of achieving sustained coverage rates of 90 per cent and above, in pursuance of the Government's new immunization policy. Within the districts and communities covered by the DACAW programme, this will include special assessments of the factors preventing some children from any contact with immunization services and high drop-out rates, slightly more for girls than boys. With this information, strategies will be revised to achieve consistently higher coverage, monitored through community surveillance. UNICEF will also continue its support, in collaboration with WHO, to polio eradication, expected to be certified in 2005, and to the elimination of maternal and neonatal tetanus. Special emphasis in immunization will be placed on improving vaccination safety, introducing underutilized vaccines and developing greater self-reliance in the financing of vaccines and vaccination equipment. One element to this strategy will be Nepal's involvement in the Global Alliance for Vaccines and Immunization.

28. In child health, UNICEF will support capacity development within DACAW districts for IMCI, in collaboration with WHO and USAID. In addition to working with health facilities, this will involve continued training of female CHVs, in collaboration with USAID and UNFPA. Technical and logistical support to the community-managed, self-financing drug schemes will also be provided through this programme. The prevention of childhood illnesses and the promotion of health-seeking behaviour will be addressed in conjunction with the DACAW and

nutrition and care programmes. In view of the fact that most under-five mortality occurs in the first year of life — and most of that in the neonatal period — the programme will undertake research activities to develop viable strategies to assure the survival of newborns, and will work with the nutrition and care programme to reduce the incidence of low birth weight.

29. Nepal has one of the highest rates of maternal mortality in the world, resulting from both medical and non-medical factors. The programme will continue to support ongoing efforts in communities covered by the DACAW programme to promote safer motherhood by improving antenatal care, iron supplementation, tetanus toxoid immunization and referral in the case of complications. In many communities, they have achieved full coverage of all pregnancies. In addition, the programme will work with the DACAW, nutrition and care, and communication, advocacy and participation programmes to combat the gender discrimination that underlies many of the problems faced by women in accessing care in pregnancy and childbirth, including questions of autonomy of choice, excessive workloads and inadequate food intake. In addition, in 10 DACAW districts, the programme will facilitate the development of emergency obstetric care services in district hospitals, primary health centres and health posts to ensure essential care for women undergoing difficult, life threatening deliveries. This is part of the regional partnership with Columbia University (United States) on the women's right to life and health project, sponsored by the Gates Foundation.

30. The programme will be managed by the Ministry of Health, and implemented through the various divisions and regional directorates of the Department of Health Services. Other Ministry of Health divisions, such as the National Health Training Centre and the National Health Information, Education and Communication Centre, in collaboration with partners, will provide technical support for developing training materials, producing communication aids, etc.

31. **Child and women's environment**. This programme will provide technical assistance, human resources development, operational research and information management support in DACAW districts to address the environmental hazards that are such important determinants in the health and well-being of children and women. For water supply, the programme will focus on providing technical assistance to build capacity for increasing access to safe drinking water, with particular attention to disadvantaged groups. This will be achieved primarily through the leveraging of resources from other agencies, such as UNDP, the Asian Development Bank, the Government of Finland and other sources. Through the DACAW programme, UNICEF will also provide some limited support to the development of water systems, where no other source of financing is available. The programme will also upgrade the capacity of the Department of Water Supply and Sewage (DWSS) and its regional and district structures to monitor water quality at the source and in households, with appropriate technologies for the reduction of chemical and bacteriological contamination. The programme will continue efforts to assess and mitigate the growing problem of arsenic contamination of groundwater in the *terai* (plains) through cooperation between DWSS and the Ministry of Health.

32. This programme will provide technical support to the DACAW programme to ensure that hygiene and sanitation are addressed through community processes, building on the experience of the current country programme. Community group discussions have resulted in local initiatives to improve environmental sanitation in

communities and personal hygiene in families. In addition, it will also engage in national advocacy to raise the profile of sanitation in overall government policy. This will take the form of national campaigns involving the mass media, political leaders and national role models; strengthened information systems; networking with organizations involved in hygiene and sanitation; and operational research. As part of improving the quality of the learning environment in schools, the programme will improve sanitation facilities for girls, thus removing one important barrier to girls' participation in school. It will facilitate the incorporation of hygiene and sanitation in the primary school curriculum.

33. DWSS of the Ministry of Physical Planning and Works will manage and coordinate the programme in collaboration with the Ministry of Health, the Ministry of Education and Sports, and its principal development partners.

34. **Education and child protection**. This programme aims to facilitate the access of all children to quality basic education. It will also address some of the most common barriers to children's participation in schooling, such as the bias against educating girls, child labour and trafficking. In formal education, the programme will work with partners in BPEP 2. It will focus on identifying viable strategies to improve learning achievement by studying the interactions between teachers and students, as well as between schools and parents, in the districts covered by the DACAW programme. It will examine in particular the factors involved in the exclusion of girls and children of disadvantaged families from schools. The positive lessons learned will be fed back into BPEP 2 so that they can be applied on a wider scale. While formal education will concentrate on primary education, it will also play an advocacy role with regard to secondary education to ensure the continued participation of girls and the inclusion of important items within the curriculum, particularly with regard to information on rights and knowledge, attitudes and practices for the prevention of HIV/AIDS.

35. Child protection strategies will focus primarily on advocacy and policy development based on assessment and analysis of the various forms of abuse and exploitation to which children are subject. Through partnerships with ILO, other United Nations agencies, the World Bank, GTZ and other bilateral donors, UNICEF cooperation will play a catalytic role in ensuring greater attention to child protection by the Government and its development partners. It will continue its partnership with the United Nations Joint Initiative on Trafficking to build the capacity of Nepal police to investigate and prosecute instances of child trafficking, as well as to build vigilance on trafficking into the community processes of the DACAW programme. In the mid- and far-western regions, it will also work towards the elimination of two specific instances of child exploitation: debt bondage within the "Kamaiya" system; and the sexual exploitation of girls of the Badi caste. The aim is to demonstrate the potential to bring an end to instances of child exploitation and thus show the possibility of achieving tangible results in this complex area of programming.

36. For out-of-school youth, the programme will continue to offer alternative non-formal learning opportunities working through government agencies and NGOs in DACAW districts. The non-formal programmes will be expanded to include life and livelihood skills, in collaboration with the communication, advocacy and participation programme. This will include parenting skills and knowledge, attitudes and practices for the prevention of HIV/AIDS. These non-formal classes have pioneered a number of child-friendly teaching and learning methodologies that have

proved highly effective. Efforts will be made to ensure that the lessons learned are both adopted by BPEP 2 for wider application within non-formal education programmes and adapted into classrooms of formal primary and secondary schools.

37. The education and child protection programme will be managed and coordinated jointly by the Ministry of Education and Sports and the Ministry of Women, Children and Social Welfare, with the former taking the lead on formal and non-formal education and the latter on child protection.

38. **Communication, advocacy and participation**. The programme seeks to facilitate reductions in gaps in knowledge, attitudes, practices and skills among families regarding care for children and the position of women. It will continue to develop the capacity of national media to address issues related to the rights of children and women. Programme communication will focus on multi-year campaigns to ensure continued attention to selected problems faced by children and women. A radio programme for and by young people will enable them to engage in peer communication on, for example, behaviours that lead to the spread of HIV. The programme will also provide support through the DACAW programme to develop communication skills among key change agents at the community level, such as female CHVs, school teachers, community mobilizers and local NGOs. It will also continue to promote the development of appropriate local media in DACAW districts.

39. National advocacy will focus particularly on promoting gender equality. The programme will undertake a series of communication initiatives to support awareness of gender discriminatory practices among men and policy makers, in cooperation with the Ministry of Women, Children and Social Welfare and major NGOs. The Meena Communication Initiative, focusing on the rights of girls, will be implemented increasingly in partnership with other development partners to widen its ownership and ensure sustainability. Partnerships with the corporate sector will also be explored. To foster greater participation, the programme will ensure that lessons learned through decentralized action have a greater potential to be taken to scale and result in an enhanced influence for organized groups of children, youth and women.

40. The Ministry of Women, Children and Social Welfare will coordinate the programme, in collaboration with other concerned ministries, Radio Nepal, Nepal television and the Nepal Press Institute. Important partnerships will be developed or strengthened with UNDP, the Joint United Nations Programme on HIV/AIDS, Save the Children Alliance, Plan International, the Nepal Forum of Environmental Journalists, the Nepal Red Cross and others.

41. **Cross-sectoral costs** will seek to enhance overall programme management capacity. Programme planning, monitoring, evaluation and research will be improved through greater use of the logical framework approach; further operationalization of rights-based approaches and gender mainstreaming; and coordinated review of country programme results. This programme will develop and refine strategies to address the impact of the growing insurgency on children and women, as well as disaster preparedness within the context of the common United Nations approach. Human resources development will be pursued as a major cross-cutting theme within the country programme through the development of an overall human resources development plan, dovetailing the needs of both counterparts and UNICEF staff. Partnerships will be developed and strengthened within the

development community both inside and outside Nepal to increase the effectiveness and reach of UNICEF advocacy. This will be undertaken in the context of the Global Movement for Children and will focus on increasing the range of partners engaged in promoting the rights of children and women, as well as on taking a systematic approach to fund-raising for the country programme.

Monitoring and evaluation

42. Special attention will be paid to strengthening monitoring and evaluation. Capacity-building will focus on the need to link monitoring and evaluation activities to programme design and planning, with an emphasis on the dissemination and use of the findings for decision-making. In line with the overall strategy, monitoring and evaluation functions will be progressively decentralized, with a view to strengthening accountability at all levels. Increased use will be made of operational research to expand the knowledge base to inform national policy and programme development.

43. To measure progress in the realization of children's and women's rights over the five-year period, surveys will be conducted at the beginning and end of the programme cycle, comparing communities supported through the UNICEF-Government of Nepal programme of cooperation with others. In addition, evaluations will be conducted to assess the effectiveness of programme strategies in the areas of girls' education, HIV/AIDS, malnutrition, hygiene practices, immunization, female CHVs, etc. To inform district-level planning and monitoring, UNICEF support to district baseline surveys, will be continued in the new country programme. For the Government's third report on the Convention on the Rights of the Child, due in 2006, a national MICS will be conducted.

Collaboration with partners

44. Establishing strategic alliances with other development partners is a key element of the rights-based approach, and will be crucial for the success of the country programme. Decentralized action will be implemented in close partnership with the increasing number of donors adopting decentralization as their main development strategy. Coordination will ensure not only synergy of UNICEF assistance with those of other partners, but will also help to link communities with other development efforts where UNICEF resources, both financial and human, are limited. Partnerships with civil society organizations (CSOs), including national and international NGOs, will be instrumental in complementing government efforts to realize the rights of children and women in Nepal. In the context of the Global Movement for Children, the country programme will seek to raise the profile of children as important stakeholders in the national development process.

Programme management

45. NPC will coordinate implementation and review of the overall country programme, in association with the Ministry of Finance. This will include joint annual reviews with government agencies, CSOs, United Nations agencies and other development partners, to review achievements and constraints and make adjustments

as required. National-level annual reviews will be preceded by reviews of district plans of cooperation under the aegis of the concerned DDCs. A mid-term review will be held in 2004. Annual and mid-term reviews of the country programme will be coordinated with those envisaged for UNDAF.

46. Within UNICEF, national sector support programmes and the national project of the DACAW programme will be managed by programme sections in the country office. The four UNICEF field offices will manage regional projects of the DACAW programme, working directly with counterparts at subnational levels.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Nepal	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	100	(2000)	High U5MR
Infant mortality rate	72	(2000)	High IMR
GNP per capita	$ 220	(1999)	Low Income
Total population	23.4 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	493	574	697	812
Infant deaths (under 1)	(thousands)	81	76	70	58
Under-five deaths	(thousands)	123	112	101	81
Under-five mortality rate (per 1,000 live births)		250	195	145	100
Infant mortality rate (under 1) (per 1,000 live births)		165	133	100	72

		About 1990	Most recent
Underweight children (under 5) (% weight for age, 1995/1998)	Moderate & severe	49*	47**
	Severe	15*	12**
Babies with low birth weight (%)		..	..
Primary school children reaching grade 5 (%, 1991/1996)		52	44

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1996)	..	83
Timely complementary feeding rate (6-9 mos.) (%, 1996)	..	63
Continued breast-feeding rate (20-23 mos.) (%, 1996)	..	88
Prevalence of wasting (0-59 mos.) (%, 1995/1998)	6*	7**
Prevalence of stunting (0-59 mos.) (%, 1995/1998)	64*	54**
Vitamin A supplementation coverage (6-59 mons.) (%, 1999)	..	85
Household consuming iodized salt (%, 1995/2000)	68	63

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 1996)		..	29
Routine EPI vaccines financed by government (%, 1999)		..	55
Use of improved drinking water sources (% of population, 1990/2000)	Total	67	88
	Urban/rural	93/64	94/87
Use of improved sanitation facilities (% of population, 1990/2000)	Total	20	28
	Urban/rural	69/15	73/22
Births attended by trained personnel (%, 1991/2000)		7	12
Maternal mortality rate (per 100,000 live births, 1996)		..	540

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	32	67	74	76	86
	DPT	16	32	43	54	76
	Polio	1	21	42	50	70
	Measles	3	34	57	56	73
Pregnant women (%) immunized against:	Tetanus	..	..	..	..	..

* Aged 6-36 months.
** Aged 6-59 months.

TABLE 1 (continued)

Nepal

EDUCATION INDICATORS			About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1991/1997, 2000)		Total	106/..	122/66
		Male	../..	140/71
		Female	../..	104/60
Secondary enrolment ratio (gross/net) (%, 1990/1993)		Total	33/..	38/..
		Male	46/..	../..
		Female	20/..	../..
Adult literacy rate, 15 years & older (%, 1990/2000)		Total	31	41 .
		Male/female	48/14	59/24
Radio/television sets (per 1,000 population, 1990/1997)			35/ 2	38/ 6

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000
Total population	(thousands)	11880	14559	18142	22501	23043
Population aged 0-18 years	(thousands)	5479	6857	8592	10680	10921
Population aged 0-5 years	(thousands)	1883	2283	2882	3505	3564
Urban population (% of total)		3.7	6.5	9.3	12.1	12.3
Life expectancy at birth (years)	Total	42	48	53	58	59
	Male	43	48	54	58	59
	Female	42	47	53	58	58
Total fertility rate		5.9	5.6	5.2	4.7	4.7
Crude birth rate (per 1,000 population)		41	39	38	36	35
Crude death rate (per 1,000 population)		22	17	14	11	11

		About 1990	Most recent
Contraceptive prevalence rate (%, 1991/1996)		23	29
Population annual growth rate (%, 1970-90/1970-99)	Total	2.5	2.4
	Urban	6.7	5.3

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1980-90/1990-99)		1.8	2.3
Inflation rate (%, 1980-89/1990-98)		9	9
Population below $1 a day (%, 1990-99)		..	38
Household income share (%, 1996)	Top 20%/bottom 40%	../..	45/19
Government expenditure (% of total expenditure, 1989/2000)	Health/education	6/9	6/15
	Defense	7	5
Household expenditure (% share of total, 1980 or 1985)	Health/education	../..	../..
Official development assistance: (1990/1998)	$US millions	383	404
	As % of GNP	12	8
Debt service (% of goods and services exports, 1990/1997)		14	6

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1997-2001 a/

COUNTRY: NEPAL
LATEST BOARD APPROVAL: 1996
REGULAR RESOURCES: $ 20,000,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR	Actual	Planned	Actual	Planned c/	Actual	Planned
Survival	2	(1)	0	0	0	0	258	66	260	1,716	65	4,000	325	5,716
Protection and care	2,085	4,179	302	432	1,000	519	2,541	6,667	5,928	3,990	11,797	11,000	17,725	14,990
Preparation for life	263	270	43	61	456	115	963	5,223	1,725	2,518	5,669	8,000	7,394	10,518
Family and environmental conditions	65	131	84	304	660	133	2,365	2,223	3,174	2,176	2,791	10,815	5,965	12,991
Nepal multi-indicator surveillance	4	0	0	0	0	0	165	0	169	0	0	185	169	185
Communication, advocacy & external relations	32	6	1	0	108	1	675	308	816	1,700	315	1,670	1,131	3,370
Programme support	106	42	9	0	323	0	702	404	1,140	5,900	446	0	1,586	5,900
Field-based activities	164	22	6	0	950	135	1,908	2,374	3,028	2,000	2,531	0	5,559	2,000
GRAND TOTAL	**2,721**	**4,649**	**445**	**797**	**3,497**	**903**	**9,577**	**17,265**	**16,240**	**20,000**	**23,614**	**35,670**	**39,854**	**55,670**

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.
c/ = Includes $784,000 of Funded other resources.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: NEPAL
PROGRAMME CYCLE : 2002-2006

	FUND	2002	2003	2004	2005	2006	TOTAL
DECENT.ACTION FOR CHILD/WOMEN	RR	2,154,000	2,123,000	2,083,000	2,033,000	1,963,000	10,356,000
	OR	4,598,000	4,932,000	4,940,000	5,280,000	5,394,000	25,144,000
	TOTAL	6,752,000	7,055,000	7,023,000	7,313,000	7,357,000	35,500,000
NUTRITION AND CARE	RR	280,000	260,000	250,000	250,000	260,000	1,300,000
	OR	960,000	980,000	1,000,000	1,020,000	1,040,000	5,000,000
	TOTAL	1,240,000	1,240,000	1,250,000	1,270,000	1,300,000	6,300,000
HEALTH	RR	400,000	400,000	400,000	400,000	400,000	2,000,000
	OR	1,500,000	1,550,000	1,580,000	1,650,000	1,470,000	7,750,000
	TOTAL	1,900,000	1,950,000	1,980,000	2,050,000	1,870,000	9,750,000
CHILD AND WOMEN'S ENVIRONMENT	RR	250,000	260,000	260,000	260,000	270,000	1,300,000
	OR	750,000	730,000	790,000	800,000	850,000	3,920,000
	TOTAL	1,000,000	990,000	1,050,000	1,060,000	1,120,000	5,220,000
EDUCATION AND CHILD PROTECTION	RR	280,000	280,000	280,000	280,000	280,000	1,400,000
	OR	1,000,000	1,100,000	1,100,000	1,300,000	1,350,000	5,850,000
	TOTAL	1,280,000	1,380,000	1,380,000	1,580,000	1,630,000	7,250,000
COMM, ADVOCACY & PARTICIPATION	RR	200,000	200,000	200,000	200,000	200,000	1,000,000
	OR	550,000	600,000	600,000	600,000	630,000	2,980,000
	TOTAL	750,000	800,000	800,000	800,000	830,000	3,980,000
CROSS-SECTORAL COSTS	RR	750,000	800,000	850,000	900,000	950,000	4,250,000
	OR	150,000	150,000	150,000	150,000	150,000	750,000
	TOTAL	900,000	950,000	1,000,000	1,050,000	1,100,000	5,000,000
TOTAL, PROGRAMME BUDGET	RR	4,314,000	4,323,000	4,323,000	4,323,000	4,323,000	21,606,000
	OR	9,508,000	10,042,000	10,160,000	10,800,000	10,884,000	51,394,000
	TOTAL	13,822,000	14,365,000	14,483,000	15,123,000	15,207,000	73,000,000
STAFF COSTS a/		954,824	1,006,298	1,057,082	1,104,921	1,155,138	5,278,263
GENERAL OPERATING COSTS		305,115	298,320	316,180	289,925	287,340	1,496,880
TOTAL, ESTIMATE SUPPORT BUDGET		1,259,939	1,304,618	1,373,262	1,394,846	1,442,478	6,775,143
GRAND TOTAL		15,081,939	15,669,618	15,856,262	16,517,846	16,649,478	79,775,143

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

COUNTRY : NEPAL
PROGRAME : 2002-2006

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
DECENT.ACTION FOR CHILD/WOMEN	10,356,000		10,356,000	0	0	0	0	0	0	0	14	14	28	0	2,572,776	2,572,776
NUTRITION AND CARE	1,300,000		1,300,000	0	0	0	1	0	0	1	0	2	3	798,034	105,628	903,662
HEALTH	2,000,000		2,000,000	0	0	0	1	0	0	1	2	2	5	798,034	414,422	1,212,456
CHILD AND WOMEN'S ENVIRONMENT	1,300,000		1,300,000	0	0	0	1	0	0	1	0	2	3	798,034	117,122	915,156
EDUCATION AND CHILD PROTECTION	1,400,000		1,400,000	0	0	0	1	0	0	1	2	2	5	798,034	358,997	1,157,031
COMM, ADVOCACY & PARTICIPATION	1,000,000		1,000,000	0	0	0	0	0	0	0	2	1	3	0	277,395	277,395
CROSS-SECTORAL COSTS	4,250,000		4,250,000	0	0	0	0	0	0	0	2	13	15	0	876,249	876,249
TOTAL RR	21,606,000		21,606,000	0	0	0	4	0	0	4	22	36	62	3,192,136	4,722,591	7,914,727
OTHER RESOURCES :																
DECENT.ACTION FOR CHILD/WOMEN		25,144,000	25,144,000	0	0	0	0	0	0	0	15	8	23	0	1,699,243	1,699,243
NUTRITION AND CARE		5,000,000	5,000,000	0	0	0	0	0	0	0	2	0	2	0	297,300	297,300
HEALTH		7,750,000	7,750,000	0	0	0	0	0	0	0	1	0	1	0	148,650	148,650
CHILD AND WOMEN'S ENVIRONMENT		3,920,000	3,920,000	0	0	0	0	0	0	0	2	0	2	0	297,300	297,300
EDUCATION AND CHILD PROTECTION		5,850,000	5,850,000	0	0	0	0	1	0	1	0	1	2	666,465	57,395	723,860
COMM, ADVOCACY & PARTICIPATION		2,980,000	2,980,000	0	0	0	0	0	0	0	1	1	2	0	196,883	196,883
CROSS-SECTORAL COSTS		750,000	750,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		51,394,000	51,394,000	0	0	0	0	1	0	1	21	10	32	666,465	2,696,771	3,363,236
TOTAL RR & OR	21,606,000	51,394,000	73,000,000	0	0	0	4	1	0	5	43	46	94	3,858,601	7,419,362	11,277,963
SUPPORT BUDGET	Operating costs		1,496,880													
	Staffing			0	1	1	3	0	0	5	1	15	21	4,333,833	944,430	5,278,263
GRAND TOTAL (RR + OR + SB)				0	1	1	7	1	0	10	44	61	115	8,192,434	8,363,792	16,556,226
Number of posts and staff costs:																
Current programme cycle										10	35	53	98			
At the end of proposed programme cycle (indicative only)										10	44	61	115	8,192,434	8,363,792	16,556,226

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.